Case 17-15934-elf Doc 59 Filed 07/16/18 Entered 07/16/18 16:15:42 Desc Main Document Page 1 of 4

Del	otor 1 Gai	Lynette Crawford		
	 otor 2	•		
	ouse, if filing)			
Uni	ted States Bankruptcy Co	ourt for the: EASTERN DISTRIC	COF PENNSYLVANIA	
	se number 17-1593	4	_	Check if this is:
(If kr	nown)			An amended filing
				A supplement showing postpetition chapter 13 income as of the following date:
0	fficial Form 10	6l		MM / DD/ YYYY
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Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

		For Debtor 1		Debtor 2 or filing spouse
2.	\$	3,168.00	\$	N/A
3.	+\$	0.00	+\$	N/A
4.	\$	3,168.00	\$	N/A

Official Form 106I Schedule I: Your Income page 1

Copy line 4 here 4, \$ 3,168.00	Deb	tor 1	Gail Lynette Crawford	_		Case	e number (if kn	own)	17-1	5934		
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8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: foster care 8g. \$ 1,500.00 \$ N/A 8h. Other monthly income. Specify: food stamps 8h. Other monthly income. Specify: food stamps contribution from mother for brother 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,004.00 \$ N/A 9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Combined monthly income.				- 1	•	Ψ_	2,302	.00	Ψ		IN/A	
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13. Do you expect an increase or decrease within the year after you file this form? No.	12.	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certai							L		ed
	13.	Do :	• •	?						l	montniy	, income
		_										

Fill	in this information to identify your case:							
	tor 1 Gail Lynette Crawford		Check	c if this is:				
				An amended filing				
	tor 2		A supplement showing postpetition chapter 13 expenses as of the following date:					
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF PENNS	YLVANIA	<u></u>	MM / DD / YYYY				
	e number							
0	fficial Form 106J							
	chedule J: Your Expenses				12/1			
info	as complete and accurate as possible. If two married people ar brmation. If more space is needed, attach another sheet to this inber (if known). Answer every question. 1: Describe Your Household Is this a joint case?							
	■ No. Go to line 2.							
	☐ Yes. Does Debtor 2 live in a separate household?							
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Househ	old of Debto	or 2.				
2.	Do you have dependents? ☐ No							
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?			
	Do not state the				□ No			
	dependents names.	Grandson		12	Yes			
		Son		21	□ No ■ Yes			
					■ Yes □ No			
		Brother		55	■ Yes			
					□ No			
3.	Do your expenses include				☐ Yes			
o.	expenses include expenses of people other than yourself and your dependents?							
Par								
exp	imate your expenses as of your bankruptcy filing date unless y enses as of a date after the bankruptcy is filed. If this is a supp plicable date.	ou are using this for elemental Schedule	m as a sup <i>I</i> , check the	pplement in a Cha box at the top o	apter 13 case to report of the form and fill in the			
the	lude expenses paid for with non-cash government assistance invalue of such assistance and have included it on Schedule I: Y							
(Of	ficial Form 106l.)			Your exp	enses			
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		758.00			
	If not included in line 4:							
	4a. Real estate taxes		4a. \$		0.00			
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00			
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		50.00			

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 Gail L	ynette Crawford	Case number (if known	n) 17-15934
. Utilities:			
	city, heat, natural gas	6a. \$	350.00
	sewer, garbage collection	6b. \$	100.00
•	none, cell phone, Internet, satellite, and cable services	6c. \$	213.00
•	Specify:	6d. \$	0.00
	pusekeeping supplies	7. \$	550.00
	nd children's education costs	8. \$	75.00
	undry, and dry cleaning	9. \$	220.00
	re products and services	10. \$	200.00
	dental expenses	11. \$	85.00
	ion. Include gas, maintenance, bus or train fare.	Π. ψ	83.00
	le car payments.	12. \$	100.00
	ent, clubs, recreation, newspapers, magazines, and books	13. \$	120.00
	ontributions and religious donations	14. \$	0.00
5. Insurance.	ontributions and rengious donations	Ψ	0.00
	le insurance deducted from your pay or included in lines 4 or 20.		
15a. Life in	* . *	15a. \$	95.00
15b. Health		15b. \$	0.00
15c. Vehicle		15c. \$	532.00
	insurance. Specify:	15d. \$	0.00
	of include taxes deducted from your pay or included in lines 4 or 20		0.00
Specify:	* * * *	16. \$	0.00
	or lease payments:	^	
•	syments for Vehicle 1	17a. \$	304.00
•	syments for Vehicle 2	17b. \$	0.00
17c. Other.		17c. \$	0.00
17d. Other.	Specify:	17d. \$	0.00
	nts of alimony, maintenance, and support that you did not report your pay on line 5, Schedule I, Your Income (Official Form		0.00
	ents you make to support others who do not live with you.	\$	0.00
Specify:		19.	
0. Other real p	roperty expenses not included in lines 4 or 5 of this form or on	Schedule I: Your Income	9.
20a. Mortga	ages on other property	20a. \$	0.00
20b. Real e	state taxes	20b. \$	0.00
20c. Proper	rty, homeowner's, or renter's insurance	20c. \$	0.00
20d. Mainte	enance, repair, and upkeep expenses	20d. \$	0.00
	owner's association or condominium dues	20e. \$	0.00
1. Other: Speci		21. +\$	0.00
			0.00
•	our monthly expenses		
22a. Add line	es 4 through 21.	\$	3,752.00
22b. Copy lir	ne 22 (monthly expenses for Debtor 2), if any, from Official Form 10	6J-2 \$	
22c. Add line	22a and 22b. The result is your monthly expenses.	\$	3,752.00
	, , ,		0,102.00
•	our monthly net income.		
23a. Copy I	ine 12 (your combined monthly income) from Schedule I.	23a. \$	4,366.00
23b. Copy y	our monthly expenses from line 22c above.	23b\$	3,752.00
			· · · · · · · · · · · · · · · · · · ·
	ct your monthly expenses from your monthly income.		044.00
	sult is your monthly net income.	23c. \$	614.00
For example, of modification to	ect an increase or decrease in your expenses within the year at do you expect to finish paying for your car loan within the year or do you expet the terms of your mortgage?		ncrease or decrease because o
■ No.			
☐ Yes.	Explain here: car payment end 5 yr		